Effective October 1, 2001 10 019951														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							1	RATE	FEE	] [	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	445	OR	BASIC FEE			
TOTAL CHARGEABLE CLAIMS			32_minus 20=		*12			X\$ 9=	108	OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		*			X42=	100	OR	X84=			
MU	LTIPLE DEPEN	IDENT CLAIM PF	RESENT		•			+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	552	OR	TOTAL			
CLAIMS AS AMENDED - PART II										J	OTHER	THAN		
	(Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	SMALLE	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	<u>-                                    </u>		***	- 01 4114	=		X42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE			LE DEPENDENT CLAIM			<u>ا</u> ا	+140=		OR	+280=			
BEST AVAILABLE COPY								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	<u> </u>		
(Column 1) (Column 2) (Column 3)											ADDII. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		<u> -</u>		X42=	·	OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=			
							l	TOTAL			TOTAL			
		(Column 1) (C			Column 2) (Column 3)			ADDIT. FEE			ADDIT. FEE	<b></b>		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***	T OL AUA	=	<b>↓</b> [	X42=		OR	X84=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Proviously Raid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OB	TOTAL			
***	** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or Docket Number